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Docket No.: MIK.0102

Document No.: MIK.006

PTO/SB/01 (8-96)

Modified

<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</b>  <input checked="" type="checkbox"/> Declaration OR Submitted with Initial Filing  <input type="checkbox"/> Declaration Submitted after Initial Filing	Docket No.:	MIK.0102
	First Named Inventor:	Vadim V. Mikhaylenko
	Application No.:	
	Filing Date:	
	Group Art Unit	
	Examiner Name:	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Apparatus and Method for Applying Setting Material

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on  
(MM/DD/YYYY)

Application Number:

as United States Application Number or PCT International

and was amended on  
(MM/DD/YYYY)  
(if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title Code 37 of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365 (a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below.

Application Number (s)	Filing Date (MM/DD/YYYY)

☐ Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.

## DECLARATION

I hereby claim the benefit under Title 35, United States Code § 120 of any United States application(s), or § 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of the Federal Regulations § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and trademark Office connected therewith:


Name	Registration Number	Name	Registration Number
Margaret H. Efron	47-545		
JEFFREY C. MAYNARD	46,208		

☐ Additional registered practitioner(s) named on a supplemental sheet attached hereto.:

### Direct all correspondence to:

Name	Draughton Professional Association c/o Margaret Efron				
Address	One Independent Drive				
Address	Suite 2000				
City	Jacksonville	State	Florida	Zip	32202
Country	USA	Telephone	904-358-3777	Fax	904-353-6927

I hereby declare that all statements made by me or on my behalf of my own knowledge are true and that all statements made on my belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:					<input type="checkbox"/> A petition has been filed for this unsigned inventor.		
Given Name	Vadim	Middle Initial	V.	Family Name	Mikhaylenko	Suffix e.g. Jr.	
Inventor's Signature						Date	02-09-01
Residence: City	Jacksonville	State	FL	Country	32257	Citizenship	PERMANENT RESIDENT
Post Office Address	4083 Sunbeam Road						
Post Office Address	Apt. #1413						
City	Jacksonville	State	FL	Zip	32257	Country	USA

☐ Additional inventors are being named on supplemental sheet(s) attached hereto.

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Docket No.: GTL.0104/58,282	<b>SIGN HERE</b> DECLARATION	<b>ADDITIONAL INVENTOR Supplemental Sheet</b>	<b>SIGN HERE</b>
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Name of Additional Joint Inventor, if any:						<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name	Marvin	Middle Initial	A.	Family Name	Pringle	Suffix e.g. Jr.	
Inventor's Signature	<i>Marvin Pringle</i>					Date	02/09/01
Residence: City	St. George	State	GA	Country	USA	Citizenship	U.S.
Post Office Address	Rt. 1 Box 1651						
Post Office Address							
City	St. George	State	GA	Zip	31646	Country	USA

Name of Additional Joint Inventor, if any:						<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name		Middle Initial		Family Name		Suffix e.g. Jr.	
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		Zip		Country	

Name of Additional Joint Inventor, if any:						<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name		Middle Initial		Family Name		Suffix e.g. Jr.	
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		Zip		Country	
<input type="checkbox"/> Additional inventors are being named on additional supplemental sheet(s) attached hereto.							